

Officeholder and Candidate
Campaign Statement — Short Form
(Government Code Section 84206)

Type or print in ink.

SHORT FORM

For use by officeholders and candidates who do not have a controlled committee and who do not anticipate receiving \$1,000 or more in contributions and do not anticipate spending \$1,000 or more during the calendar year. Officeholders whose salary is less than \$100 per month and judges who have a controlled committee may use this form under certain circumstances. See the Information Manual on Campaign Disclosure Provisions of the Political Reform Act for Elected Officeholders, Candidates, and Their Controlled Committees for further information.

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470
For Official Use Only

I Statement Covers Calendar Year 19 94.

II Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

COLLEEN DIXON

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

333 HILBORN ST

CITY

LOS ANGELES

STATE

CA

ZIP CODE

90040

AREA CODE/DAYTIME PHONE NUMBER

209 339-9953

III Information on Office Sought or Held

OFFICE SOUGHT OR HELD

COUNCIL MEMBER

JURISDICTION (LOCATION)

CITY OF LOS ANGELES

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR) (IF APPLICABLE)

NOVEMBER 8, 1994

IV Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND ID NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>COLLEEN DIXON</u> <u>NANCY CHAMBERS</u>	<u>333 HILBORN ST LOS ANGELES</u> <u>90040</u>	<u>NANCY CHAMBERS</u>

V Verification

I declare under penalty of perjury that to the best of my knowledge, I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

10-3-94

DATE

At

Los Angeles

CITY AND STATE

By

Colleen Dixon

SIGNATURE OF OFFICEHOLDER OR CANDIDATE

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission

**Officeholder and Candidate
Campaign Statement
Form 470 Supplement**
(Government Code Section 84206)

FORM 470 SUPPLEMENT

Type or print in ink.

Date Stamp

CALIFORNIA
FORM 470
SUPPLEMENT

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$1,000 or more or has made expenditures of \$1,000 or more during the calendar year.

I Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE

RESIDENTIAL OR BUSINESS ADDRESS

(NO. AND STREET)

CITY

STATE

ZIP CODE

AREA CODE/DAYTIME PHONE NUMBER

II Information on Office Sought

OFFICE SOUGHT

DISTRICT NUMBER
(IF APPLICABLE)

DATE OF ELECTION (MONTH, DAY, YEAR)

III Date Contributions Totaling \$1,000 or More Were Received or Date Expenditures of \$1,000 or More Were Made

(MONTH, DAY, YEAR)